STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses RECENCED for LOBBYISTS

(RSA Chapter 15)

MAY OR THIS

PLEASE PRINT

NEW HART SHIRE

I. Name of Lobbyist(s) Che	ryl Steinberg		DEPARTMENT
II. Name of lobbyist's partnership,	firm or corporation, if any:		
New Hampshire Legal (Name of partnership	Assistance , firm or corporation)		
117 North State Stree	t Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-224-4107</u> (Telephone)	() <u>603-224-2053</u> (Fax)	e-mail <u>cstein</u> l	oerg@nhla.org
III. This statement covers: (Choose reportable expense transactions where the contraction is the contraction of the contraction			ay file a separate report for
☐ All reportable transactions occurr	ring in the months prior to the	reporting date relative to the	ne following client:
(Full Name of	Client as it appears on the Lobby	ist Registration Form)	
OR ☑ All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyi	st's family), or the lobbyin	g firm listed below which are
IV. Date of Report April 26, 20 Reports cover: activity from date of	17 X registration to 3/31/17	July 26, 2017 []	7
October 25, activity from 7/2		January 31, 2018 [] activity from 10/1/17 to 12/3	1/17
V. There have been no fees rece If this box is checked, complete just to Concord, NH 03301.	ived and no reportable tra his form and submit it to the S	ansactions made since t ecretary of State's Office, .	the last report. State House, Room 204,
VI. Check if additional reports are			
If you have received fees or mad If you have paid an honorarium			
Expense Reimbursement If you, your firm, or your family	has made political contribution	us, you must file Addend	ım C- Political Contribution
Sworn Statement/Affirmation by I I have read RSA 15-RSA 15-B, RSA	obbyist	ov ewear or affirm that the	foregoing information is true
and complete to the best of my know	rledge and belief.		
(Signature of lobbyist)		4/ 24/ Jo	ate)
Cheryl Steinberg (Print Name of lobbyist)	<u></u>		

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Legal Assistance		
(Name of partnership, firm or corporation)		
III. Name of ClientN/A	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groweduced by any expenses:	relations, or	r public relations ser
a) Total of all fees received in this reporting period	a) \$	0
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		. 0
,)	
c) Total of all fees received to date (Add lines a and b)	c) \$	0
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if may be filed aggregate aggregate agenses; (b) e: meals pu ss than \$10 ad with a val orting period ae of greate or than \$25, expense re	expenditures are may a for the lobbyist(s), total of all expenses the aggregate total richased during a bust that is given to the plue of \$25.00 or less of greater than \$25.00 or less but not greater than simbursement, or po
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	2,305,41
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0
	c) \$	\wedge

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 2,305.47 e) \$ n/a
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <i>n [a</i>
f) Total of all expenses year to date	f)\$ 2,305.41
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
<u> </u>	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	4/24/2017 (Date)
Cheryl Steinberg	, ,
(Print Name of lobbyist)	•